Effective October 1, 2001												
CLAIMS AS FILED - PART I (Catumn 1)					(Column 2)			MALL EN	miy	OR	OTHER SMALL	
TOTAL CLAIMS			4					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		8	asic fee	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			4 minus 20=		•			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			minus 3 =					X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PRESENT								+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter *0* in column 2							L	TOTAL		OR	TOTAL	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL (ENTITY	OR	OTHER SMALL	
AMENDMENT A		CEAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVK PAID		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		Minus	**		•	lſ	X\$ 9=		OR	X\$18=	•
	Independent	· Innu	Mirius	***		•	1	X42=		OR	X84=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=.		OR	+280=	
1 1 1								TOTAL		OR	TOTAL	
ADDIT, FEEOR ADIT, FEEOR ADDIT, FEEOR												:-
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIĞI NÜM PREVI	HEST HBER HOUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	. 22	Minus	and .	20	- 2	1 [X\$ 9=		OR	X\$18=	36
	Independent	. 3	Minus		<u>3</u>		11	X42=		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						7	+140=		OR	+280=	
							_	TOTAL DOIT, FEE		OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUA PREV	HEST ABER IOUSLY O FOR	PRESENT EXTRA][RATE	ADDI- TIONAL FEE/		RATE	ADDI- TIONAL FEE
Ş	Total	.22	Minus		2	• /		X\$ 9=		OR	X\$18=	
SE SE	Independent	• 3	Minus	***	3	-/	41	X42=		OR	X84=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	IT CLAIM		┙┟	+140=	/	OR	+280=	/
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.								TOTAL	 	OR	TOTAL	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE OR ADDIT. FEE OR ADDIT. FEE The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												
Patient and Trademank Office, U.S. DEPARTMENT OF COMMERCI												

Application or Docket Number